

Nursing Facility Provider Fee Advisory Board September 27, 2013 Meeting Minutes

| PRESENT | | |
|---------------------------------|---------------|--|
| John Brammeier | Wes Lander | |
| Dan Stenerson | Blake Heller | |
| Arlene Miles | Preston Brown | |
| Greg Traxler | | |
| Lori Nelson - Phone | | |
| Garrett Abrahmson (PCG) - Phone | | |
| Matt Haynes - HCPF | | |
| Cynthia Miley - HCPF | | |
| | | |
| ABSENT | | |
| Janet Snipes | Cindy Bunting | |
| Chris Stenger | Paul Landry | |

| Approximate Time | Topic | Lead |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1:00 – 1:05 | ☐ Welcome, Introductions, and Approval of Minutes | Matt Haynes, HCPF |
| 1:05 – 1:20 | ☐ General Updates○ Days Reconsideration○ Appeals | Matt Haynes, HCPF Randie Wilson, HCPF |
| 1:20-2:45 | □ Appeals, Settlements, and IRs ○ Two funding sources and options ○ Discussion and ideas | Matt Haynes, HCPF PFAB Members |
| 2:45 – 2:55 | □ Public Comment/Open Discussion□ Recurring Meetings | |
| 3:00 | □ Adjournment | |

Meeting was called to order at 1:07 p.m.

Approval of Minutes:

The minutes from the July 18, 2013 meeting were approved as written.

General Updates:

Matt Haynes

- Reviewed the FY 13-14 final model. Supplemental payments higher. Decided to use cash fund in the Days Reconsideration to make up difference. One facility closed that was modeled and another facility needed adjustment to days. Slightly more in total fees and payments. \$59.6 million left in UPL room.
- Medicare payments came down causing UPL to come down.
- Days Reconsideration \$583,000, kept fees at waiver fee amount. Rates are set for the year. Can use cash fund if needed for minor adjustments.
- At this time, almost all appeals have been processed.
- The State Plan Amendment for the FY 2013-14 Model has been submitted.
- Emergency protocol being discussed, SPA being drafted for less than 30 days and greater than 30 days. Trying to minimize cost reporting burden.

Appeals, Settlements, and IRs: Discussion

- Last session department cleaned up some language around CCRC's and how to handle appeals, settlements, and IR's. The department had a collaborative discussion with the Colorado Health Care Association and their reimbursement committee.
- Two funding sources, general fund & provider fees cash fund with federal matching dollars.
- There was a lot of concern around using the general fund with more interest in the provider fee side. Interim rates are used to establish model for the year beginning July 1st. During year rates are audited and become final. Model is then setup around current year and previous year. Appeals that are put into current model will bring down % of current model.
- For appeals or audits we are looking at where it would have been in the model and the days actually in those models to more closely replicate how it would have happened had the audit or appeal occurred in the regular time frame in the normal course of the modeling process.
- Have multiple years of models impacted through appeals, we need to go back and rerun models/rates, and then make adjustment on the model.
- Still concerns about using current years monies for prior year's payments. Option to retroactively change payments for all providers so that the net is a zero sum.
- If model is rebalanced and it will change what is paid to providers then the rate paid will be different for the next model. When the rate paid is calculated the MMIS loaded rate is used plus what was paid in growth over the general fund cap. This should not change the rate paid in current FY, it becomes an adjustment to the supplemental payment process.

- Once a settlement is received providers should know what their old rate was versus what their new rate is and dollar amount associated with it.
- Going back redoing the model will create a zero sum on the actual dollar amount and won't impact the dollar amount funding the growth over cap and the rate true up.
- Someone has to pay for appeals and settlements, within provider fee option there are providers who already paid the fees in the actual models it happened or there is the current year's pool of money. To calculate a zero sum on the current year's pot of money for the benefit of one provider will result in adjustments to supplemental payments for all other providers.

Other Items

- OIG is conducting an audit on FY's 09-10, 10-11, and 11-12. They want to make sure we are following state plan and COFRS matches CMS-64 reporting.
- The PFAB will begin meeting on a regular basis on the third Friday of each month from 1:00-3:00.

Open Discussion

- Arlene expressed continued concerns about Denver Health using Nursing Facility UPL's. Suggested to bring back class 5 facility for Denver Health to use.

Items to Review at Next Meeting

- UPL's
- Different model scenarios

Board Recommendations

- No recommendations were made at this meeting.

The meeting was adjourned at 2:45 pm.